

**EXHIBIT E**

Your claim must  
be submitted  
online or  
postmarked by:  
[Claims Deadline]

***In re Natera Prenatal Testing Litigation***

Case No. 4:22-cv-00985

United States District Court for the Northern District of California

**SETTLEMENT CLAIM FORM**

Your claim must  
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**GENERAL INSTRUCTIONS**

**Who is eligible to file a claim?** The Court decided that everyone who fits this description and chooses not to request to be excluded is a Settlement Class Member: **All individuals in the United States who paid out of pocket for a Natera NIPT (Panorama or Vasistera) in the date ranges listed below.**

State(s)	Dates
Ohio	February 17, 2016-[insert]
New Jersey	May 5, 2016-[insert]
Florida	February 24, 2017-[insert]
New York & Illinois	April 27, 2017-[insert]
All other states	February 17, 2018-[insert]

If your Natera NIPT was paid for entirely by insurance or some other third-party source, you are excluded from the Settlement Class. Also excluded from the Settlement Class are (1) any Judge or Magistrate presiding over this action and members of their families, (2) Defendant, Defendant's subsidiaries, parent companies, successors, predecessors, and any entity in which Defendant or its parents have a controlling interest, and their current or former officers, directors, and employees, (3) counsel of record (and their respective law firms) for the Parties; (4) persons who properly execute and file a timely request for exclusion from the Settlement Class, and (5) the legal representatives, successors or assigns of any such excluded persons.

**COMPLETE THIS CLAIM FORM IF YOU ARE A SETTLEMENT CLASS MEMBER AND WISH TO RECEIVE A PAYMENT**

**AVAILABLE BENEFITS**

If the Settlement is preliminarily approved, Natera will create a \$8,250,000 Settlement Fund. This fund will be used to pay the fees, costs, and expenses of the lawsuit and administration, and the rest of the money (the Net Settlement Fund) will be paid to Settlement Class Members who file a Valid Claim.

Settlement Class Members who file a Valid Claim will receive a share of the Net Settlement Fund as follows: (1) without proof of purchase, \$30 maximum; (2) with proof of purchase in excess of \$300, 10% of the purchase amount. Each Settlement Class Member's payment may be increased or decreased proportionally compared to other Settlement Class Members who file a claim, except that claims submitted without proof of purchase will not exceed \$30, and claims submitted with proof of purchase will not exceed the claimant's out-of-pocket costs. How much each person who submits a claim will receive is unknown at this time because it depends on how many claims are submitted and for what amount.

Questions? Call 1-XXX-XXX-XXXX Toll-Free or Visit [www.\[SettlementWebsite\].com](http://www.[SettlementWebsite].com)

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If you have questions about these benefits, you can ask for free help any time by contacting the Settlement Administrator at:

- Email: [info@\[SettlementWebsite\].com](mailto:info@[SettlementWebsite].com)
- Call toll free, 24/7: 1-XXX-XXX-XXXX
- By mail: In re Natera Prenatal Testing Litigation Settlement, c/o Settlement Administrator, [PO Box Number], Santa Ana, CA 92799-9958.

**THE EASIEST WAY TO SUBMIT YOUR CLAIMS IS ONLINE AT**

**[www.\[SettlementWebsite\].com](http://www.[SettlementWebsite].com)**

You may also print out and complete this Claim Form, and submit it by U.S. mail to:

In re Natera Prenatal Testing Litigation Settlement  
c/o Settlement Administrator  
[PO Box Number]  
Santa Ana, CA 92799-9958

An electronic image of the completed Claim Form can also be emailed to [info@\[SettlementWebsite\].com](mailto:info@[SettlementWebsite].com)

You must submit online, mail, or email your Claim Form by **[Claims Deadline]**.

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**I. CLASS MEMBER NAME AND CONTACT INFORMATION**

Print your name and contact information below. You must notify the Settlement Administrator if your contact information changes after you submit this claim form. All fields are required. **Please print legibly.**

First Name

Last Name

Street Address

City

State

Zip Code

Email Address

Phone Number

Notice ID (if known)

**II. PAYMENT**

- ☐ Check if you want to claim a share of the Settlement Fund **without** proof of purchase (\$30 maximum payment).
- ☐ Check if you want to claim a share of the Settlement Fund **with** proof of purchase (10% of the purchase amount).

**III. PAYMENT SELECTION**

Please select **one** of the following payment options, which will be used if you are claiming a cash payment.

- ☐ **PayPal**  
Email address, if different than you provided in Section 1: \_\_\_\_\_
- ☐ **Venmo**  
Mobile number, if different than you provided in Section 1: \_\_\_\_\_
- ☐ **Zelle**  
Email address or mobile number, if different than you provided in Section 1: \_\_\_\_\_
- ☐ **Virtual Prepaid Card**  
Email address, if different than you provided in Section 1: \_\_\_\_\_
- ☐ **Physical Check**  
Payment will be mailed to the address provided in Section 1.

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**IV. PROOF OF PURCHASE (IF SELECTED)**

Submit proof of purchase that clearly shows the amount you paid out of pocket for Natera NIPT(s) and the date(s) of payment. Proof of purchase can include receipts, invoices, and billing records, among other things.

**IV. ATTESTATION & SIGNATURE**

I swear and affirm, on penalty of perjury, that the information provided in this Claim Form is true and correct to the best of my knowledge. I understand that my claim is subject to verification, including cross-referencing my name against a known list of purchasers, and that the Settlement Administrator may ask me to provide supplemental information before it is considered complete and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date